

SERVICE	LIMITATIONS
12. <u>Prescribed Drugs, Dentures, and Prosthetic Devices, and Eyeglasses</u> (Continued)	
12.a. Prescribed drugs	<p>New drug products marketed by drug companies participating in the Medicaid Drug Rebate Program are covered without any restrictions for a period of 6 months after FDA approval and upon notification by the drug company that markets that new drug, with the exception of those products, specified in section 1927(D)(1)-(2) of the Social Security Act, and which are excluded by the state agency.</p> <p><u>Limitations on payment</u> - Coverage for compensable services is limited to the following:</p> <ol style="list-style-type: none">1. Individuals under age 21.2. Individuals residing in nursing facilities, and to individuals whose stay in the nursing facility are covered under Medicaid.
12.c. Prosthetic devices	<p><u>Limitations on payment</u> - Coverage for prosthetics is limited to individuals under age 21 under the EPSDT program.</p>
12.d. Eyeglasses	<p><u>Limitations on payment</u> - Coverage for eyeglasses is limited to individuals under age 21 under the EPSDT program.</p>
3. Other diagnostic, screening prevention and rehabilitative services, i.e., than those in this plan.	<p><u>Limitations on payment</u> - The following limits apply to payment for compensable services.</p> <ol style="list-style-type: none">1. This service is limited to individuals under 21 years of age for treatment of physical and mental problems identified during EPSDT screening and require prior authorization.
(d) Rehabilitative services	
(i) Family-Based Mental Health Rehabilitative Services	
<p>This is a comprehensive mental health service provided primarily in the home of a child or adolescent with a mental illness or a serious behavior disorder which is intended to forestall child and adolescent psychiatric hospitalization and other out of the home placements.</p>	<ol style="list-style-type: none">(a) Providers must be licensed as Family-Based Mental Health Rehabilitation Service Providers.(b) Services are available through the early and periodic screening, diagnosis, and treatment (EPSDT) program to identified patients under 21.

94-011

persedes

91-40

Approval Date

DEC 08 1994

Effective Date

06/01/94

SERVICE	LIMITATIONS
12. <u>Prescribed Drugs, Dentures, and Prosthetic Devices, and Eyeglasses</u> (Continued)	
12.a. Prescribed drugs	<p>New drug products marketed by drug companies participating in the Medicaid Drug Rebate Program are covered without any restrictions for a period of 6 months after FDA approval and upon notification by the drug company that markets that new drug, with the exception of those products, specified in section 1927(D)(1)-(2) of the Social Security Act, and which are excluded by the state agency.</p> <p><u>Limitations on payment</u> - Coverage for compensable services is limited to the following:</p> <ol style="list-style-type: none">1. Individuals under age 21.2. Individuals residing in nursing facilities, and to individuals whose stay in the nursing facility are covered under Medicaid.
12.c. Prosthetic devices	<p><u>Limitations on payment</u> - Coverage for prosthetics is limited to individuals under age 21 under the EPSDT program.</p>
12.d. Eyeglasses	<p><u>Limitations on payment</u> - Coverage for eyeglasses is limited to individuals under age 21 under the EPSDT program.</p>
13. Other diagnostic, screening prevention and rehabilitative services, i.e., than those in this plan.	<p><u>Limitations on payment</u> - The following limits apply to payment for compensable services.</p> <ol style="list-style-type: none">1. This service is limited to individuals under 21 years of age for treatment of physical and mental mental problems identified during EPSDT screening and require prior authorization.
(d) Rehabilitative services	
(i) Family-Based Mental Health Rehabilitative Services	
<p>This is a comprehensive mental health service provided primarily in the home of a child or adolescent with a mental illness or a serious behavior disorder which is intended to forestall child and adolescent psychiatric hospitalization and other out of the home placements.</p>	<ol style="list-style-type: none">(a) Providers must be licensed as Family-Based Mental Health Rehabilitation Service Providers.(b) Services are available through the early and periodic screening, diagnosis, and treatment (EPSDT) program to identified patients under 21.

TN# 94-011

Supersedes

TN# 91-40

Approval Date DEC 08 1994

Effective Date 06/01/94

DESCRIPTIONS OF LIMITATIONS

SERVICE	LIMITATIONS
<p>The services are under the direct supervision of a program director who must have a graduate degree, in psychiatry, psychology, social work, nursing, rehabilitation, education, or any other graduate degree in the field of human services plus a minimum of three years direct care experience with children or adolescents in a Child and Adolescent Service System Program (CASSP) including two years supervisory experience in any program of the CASSP system, or supervisory certification from the American Association of Marriage and Family Therapists. CASSP programs are Mental Health, Mental Retardation, Education, Special Education, Children and Youth, Drug and Alcohol, Juvenile Justice, Health Care, and Vocational Rehabilitation.</p> <p>A program director who has a bachelor's degree and a major in a field of human service plus three years direct care experience with children and adolescents in a CASSP system program may, with the approval of the Department, direct a Family-Based Mental Health Program, provided the services of a clinical consultant is obtained to provide clinical support. A clinical consultant may be a child psychiatrist or a person with a master's degree in a field of human service experience in working with children and families.</p> <p>Services are provided by a team consisting of a children's mental health professional and a children's mental health worker. A children's mental health professional must have</p>	<p>(c) Services must be recommended by a physician or licensed psychologist.</p> <p>(d) All staff must have Act 33-80 clearance before providing service.</p> <p>(e) Services are limited to a 32 week period beginning on the first date of service. Additional periods of service will be approved by the Department if medically necessary.</p> <p>(f) Payment is not made for services which are available in another publicly funded program.</p> <p>(g) Services to the family of a child or adolescent who is an inpatient may not duplicate or replace hospital services.</p> <p>(h) Services to the family of a child or adolescent who is an inpatient must relate to after discharge planning and may be paid for on the condition that the patient returns to family-based mental health treatment.</p>

DESCRIPTION OF SERVICES

SERVICE

LIMITATIONS

by mental health rehabilitation specialists. These evaluations and psychosocial assessments are an integral part of the service.

2) Licensed occupational therapists and recreational therapists employing art therapy, music therapy, and movement therapy specifically designated as part of an approved treatment plan for the remediation of the effects of an illness.

3) Psychotherapy and counseling including individual, group, and collateral sessions which are provided as a part of treatment for the individual's illness or condition. Services may be provided by mental health professionals and rehabilitation specialists qualified by experience and training in accordance with state regulations.

4) Rehabilitation services including individual, group and collateral sessions provided by qualified staff. Services provide an awareness of side affects of medication and interaction, medication management, symptom awareness, health education, problem solving techniques, assertiveness training, pre-vocational skills provided for the purpose of the individual's overall rehabilitative plan of care, time management, role modeling and the management of disabilities in community settings. Also included are training to develop living skills such as providing assistance in regaining communication and interpersonal skills, socialization skills, personal hygiene, budgeting.

4. Professional staff provide services within their areas of competence as determined by license, certification, degree and required levels of experience as defined by state law and/or regulations.

5. Other staff are designated and qualified by the state under Departmental state regulations to provide mental health rehabilitative services.

6. Services must be delivered in accordance with a treatment plan ordered or approved by a physician which must be reviewed at least annually.

7. Community Based Mental Health Rehabilitative Services are provided where reasonable and necessary for the treatment of the recipient's illness or condition.

DESCRIPTION OF LIMITATIONS

SERVICE	LIMITATIONS
(II) Rehabilitative Services (continued)	1. Services must be recommended by a physician, or other licensed practitioner of the healing arts, within the scope of practice under state law for the maximum reduction of a disability and restoration of the individual to the best possible functional level.
iii. Community Based Mental Health Rehabilitative Services	2. Community Based Mental Health Rehabilitative Services shall be provided by licensed community treatment team program providers and licensed psychiatric rehabilitation program providers. All licensed providers of these program services are eligible to provide covered mental health rehabilitative services. Recipients are not restricted to accessing mental health rehabilitative services through providers of Community Based Rehabilitative Services and have freedom of choice to secure component services from any provider or a component service or services otherwise covered under the State Plan.
Community Based Mental Health Rehabilitative Services are a bundle of medical and remedial services recommended by a physician or other licensed practitioner of the healing arts to reduce the disabling effects of an illness or disability and restore the individual to the best possible functional level in the community. Agencies providing mental health rehabilitative services are identified and licensed as either community treatment teams or psychiatric rehabilitation services.	3. Consumer of mental health rehabilitative services retain freedom of choice to access all qualified providers of the component services of psychiatric rehabilitative programs that are covered in any other part of the State Plan.
Community Based Mental Health Rehabilitative Services include:	
1) Psychiatric, medical and psychological testing and evaluations necessary to determine the individual's present status, needs, capabilities and potentials for rehabilitation. These tests and evaluations will be made by licensed physicians and psychologists with additional input from state licensed or certified professionals such as nurses, physician assistants, activity therapists and social workers, and mental health professionals acting within their scope of professional competence. Periodic testing and evaluations by similarly qualified staff will monitor the progress of the individual in treatment. Psychosocial assessments may be made by mental health professionals and workers and	

DESCRIPTIONS OF LIMITATIONS

SERVICE	LIMITATIONS
nutrition, food planning and preparation, maintenance of the living environment, community awareness, resource management and the use of public transportation.	
The goal of rehabilitation services and training is the attainment of medical and psychiatric stability.	
5) Case management services limited to the managing of covered Medicaid services.	

DESCRIPTIONS OF LIMITATIONS

SERVICE	LIMITATIONS
14. Services for individuals age 65 or older in institutions for mental diseases	
14.a. Inpatient hospital services	<p>(a) Each recipient is limited to two (2) periods of therapeutic leave during one period of hospitalization. Neither of these periods of therapeutic leave may exceed 12 hours in a calendar day.</p> <p>(b) Payment is not made for:</p> <p>(1) experimental procedures and services that are not in accordance with customary standards of medical practice, or are not commonly used;</p> <p>(2) a day of inpatient care solely for the purpose of performing diagnostic tests that can be performed on an outpatient basis, or tests not related to the diagnosis that require the inpatient hospital care;</p> <p>(3) a day of inpatient care if payment is available from another public agency or another insurance or health program;</p> <p>(4) services not ordinarily provided to the general public;</p> <p>(5) methadone maintenance;</p> <p>(6) days of care during which the patient was absent from the hospital to attend school, conferences, or meetings, to participate in other activities outside the facility, or for employment;</p>

DESCRIPTIONS OF LIMITATIONS

SERVICE	LIMITATIONS
	(7) custodial care related or unrelated to court commitments. Payment for services provided to recipients confined to a hospital under a court commitment for any reason will be made only if medical necessity exists for psychiatric hospital inpatient care;
	(8) diagnostic or therapeutic procedures for experimental research or education purposes;
	(9) unnecessary admissions and days of care due to conditions which do not require psychiatric inpatient hospital care, such as, "rest cures" and room and board for relatives during a recipient's hospitalization;
	(10) days of care for recipients who no longer require acute psychiatric inpatient care. The Department does make payments to a psychiatric hospital for skilled nursing or intermediate care provided for a recipient in a certified bed in a certified and approved hospital-based skilled nursing or intermediate care unit;
	(11) days of care for recipients remaining in the hospital beyond the certified length of stay;
	(12) grace periods, such as pending discharge of a recipient when inpatient hospital care is no longer needed;
	(13) days of care due to failure to promptly request or perform necessary diagnostic studies or consultations;
	(14) days of care on or after the effective date of a court commitment to another facility;

DESCRIPTIONS OF LIMITATIONS

SERVICE	LIMITATIONS
	(15) days of inpatient care provided to a recipient who is suitable for an alternate type or level of care, regardless of whether the recipient is under voluntary or involuntary commitment;
	(16) diagnostic procedures or laboratory tests not specifically ordered by the physician or practitioner responsible for the diagnosis or treatment of the patient unless the procedure or test is necessary to prevent the death or serious impairment of the patient's health;
	(17) diagnostic procedures or laboratory tests ordered by means of a stamped or preprinted regimen;
	(18) the day of discharge;
	(19) days of care not certified in accordance with the Department's Concurrent Hospital Review process unless the hospital has been granted an exemption by the Department; and
	(20) days of care due to failure to promptly apply for a court ordered commitment.

b. Skilled nursing facility services

State/Territory: Pennsylvania

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

c. Intermediate care facility services.

☒ Provided ☒ No limitations ☐ With limitations*

15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.

☒ Provided ☐ No limitations ☒ With limitations*

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided ☒ No limitations ☐ With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided ☒ No limitations ☐ With limitations*

17. Nurse-midwife services.

☒ Provided ☐ No limitations ☒ With limitations*

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided ☐ No limitations ☒ With limitations*

* Description provided on attachment.

TN No. 89-02

Supersedes

TN No. 86-11

Approval Date

MAY 18 1987

Effective Date

JUN 1 1987